	COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 198	83
	2 Name: BONILLA STEVEN WAYNE	
	3 (Last) (First) (Middle Initial)	Z ,
4	Prisoner Number: T-48500	* £
•	Institutional Address: Son Quentin State Prison Non Clark Susan	7 201
(	Institutional Address: Son Quentin State Prison NORTHERN USAN, 105 0/57 800 6 San Quentín, California 949640/5/7/1007	NG
7	7	COUR NEO
8	UNITED STATES DISTRICT COURT	
9		
10	Steven Wayne Bon la	
11	(Enter your full name.)	
12	vs. Case No. (Provided by the clerk upon filing)	
13	Man Director thand were	
14	Warm Day 1 - 20 CIVIL RIGHTS ACT	26
15		0,-
16	)	
17	I. Exhaustion of Administrative Remedies.	
18	Note: You must exhaust available administrative remedies before your claim can go	
19	forward. The court will dismiss any unexhausted claims.	
20	A. Place of present confinement San Quentin State Puson	
21		
22	B. Is there a grievance procedure in this institution? YES NO \( \subseteq \)  C. If so, did you present the facts in your complaint for review through the grievance	
23	procedure? YES \( \square\) NO \( \square\)	
24	D. If your answer is YES, list the appeal number and the date and result of the appeal at each	1.
25	level of review. If you did not pursue any available level of appeal, explain why.	n
26	1. Informal appeal:	
27	anzorma appoar.	
28		
	PRISONER COMPLAINT (rev. 8/2015)	

1	2. First formal level:
2	2. I list lottilal level.
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4	3. Second formal level:
. 5	
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7	4. Third formal level:
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10	E. Is the last level to which you appealed the highest level of appeal available to you?
11	YES 🗆 NO 🗀
12	F. If you did not present your claim for review through the grievance procedure, explain why.
13	It does not apply in this situation
14	
15	П Р-и
16 17	II. Parties.
18	A. Write your name and present address. Do the same for additional plaintiffs, if any.
19	Steven Wayne Bonilla, P.O. Box J-48500, Son Quenten State Prison, Son Quenten, California, 24964
20	bosses, cooperation, vivag
21	B. For each defendant, provide full name, official position and place of employment.
22	Emperial County Grand lung P.D. Box 2011 El Contra CA
23	93244
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## III. Statement of Claim.

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Order The

State briefly the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate numbered paragraph.

Reviewing Court has authority (callonst let. VI, \$10) to review a superior or inferior Court's judgment word on its face (107 Calappase at any time and in any place (148 Calappase 23845). He reviewing Court's livinodiction is limited to reviewing the trial Court's boid acts. Once invoked the procedure must be completed and the caministrative remedy exhausted. Any proceedings taken after challenge was filled are a mullity. (35 Col, 4th 180). Letitioner cannot be estopped from attacking a judgment void on its face (404 this upports exthe respondent has done. When remedy is provided for by statute to verify the involidity of the judgment by a simple inspection of the record, and the Judge has failed to dayin acting in excess of jurisdiction, the xiand pung IV. Relief. has a duty to rectify this violation of due process

Your complaint must include a request for specific relief. State briefly exactly what you want the court to do for you. Do not make legal arguments and do not cite any cases or statutes.

Jo composithe court judge to prove that the subpoons for my telephone records for 1408-446-3850 was proven to exist on the face of the record. From which all of the supposed evidence was supposedly the fruit thereof, or grant me my immediate release that I am extitled to be the Italy I Constitution

22 release that of am entitled to by the El. S. Constitution
23

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Executed on: 9-27-17 July Boulla

Date Signature of Plaintiff

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